

*DYSON*

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 — 0 0 6

2. STATE:

Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

June 15, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.80

7. FEDERAL BUDGET IMPACT:

a. FFY '01 \$ 0

b. FFY '02 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 4.19-B, p. 29

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

same

10. SUBJECT OF AMENDMENT:

Private Duty Nursing Rates

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mary B. Kennedy

14. TITLE:

Medicaid Director

15. DATE SUBMITTED:

June 13, 2001

16. RETURN TO:

Stephanie Schwartz  
Minnesota Department of Human Services  
444 Lafayette Road North  
St. Paul, Minnesota 55155-3853

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

6/18/01

18. DATE APPROVED:

7/17/01

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

June 15, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator  
Division of Medicaid and Childrwn's Health

23. REMARKS:

*acting*

**RECEIVED**

JUN 18 2001

DMCH - MI/MN/WI

MINNESOTA  
MEDICAL ASSISTANCE  
Federal Fiscal Impact of Proposed State Plan Amendment TN 01-06  
Attachment 4.19-B: Rates for Private Duty Nursing Services

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Effective June 15, 2001, TN 01-06 increases the payment rates for private duty nursing services provided by independent (self-employed) nurses. In order to give recipients more choices of providers, independent nurses will be paid the rate that is paid to nurses employed by agencies.

The rates are increased from \$4.56/unit to \$6.73/unit for independent private duty registered nurses and from \$3.40/unit to \$5.17/unit for licensed practical nurses.

There should be no fiscal impact due to the rate changes. The Department does not expect a change in the number of RNs and LPNs providing private duty nursing services. The same nurses that are currently employed by agencies will have the opportunity to provide private duty nursing services as independent providers, and the rates currently paid to agencies will now be paid to the nurses.

**RECEIVED**

**JUN 18 2001**

**DMCH - MI/MN/WI**

STATE: MINNESOTA  
Effective: June 15, 2001  
TN: 01-06  
Approved:  
Supersedes: 00-17

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8. Private duty nursing services.

Payment is the lower of the submitted charge; or the following:

Procedure Code	1/1/93	7/1/94	7/1/97	7/1/98	7/1/99	7/1/00	<u>6/15/01</u>
<del>X5642</del> <u>X5648</u> Independent Private Duty L.P.N.	\$2.78/unit	\$2.86/unit	\$3.00/unit	\$3.09/unit	\$3.21/unit	\$3.40/unit	<u>\$5.17/unit</u>
X5648 Private Duty L.P.N.	\$4.20/unit	\$4.33/unit	\$4.55/unit	\$4.69/unit	\$4.88/unit	\$5.17/unit	<u>\$5.17/unit</u>
<del>X5641</del> <u>X5646</u> Independent Private Duty R.N.	\$3.71/unit	\$3.82/unit	\$4.01/unit	\$4.13/unit	\$4.30/unit	\$4.56/unit	<u>\$6.73/unit</u>
X5646 Private Duty R.N.	\$5.49/unit	\$5.65/unit	\$5.93/unit	\$6.11/unit	\$6.35/unit	\$6.73/unit	<u>\$6.73/unit</u>
X5649 Private Duty L.P.N. (for vent dependent recipient)	\$4.89/unit	\$5.04/unit	\$5.29/unit	\$5.45/unit	\$5.67/unit	\$6.01/unit	<u>\$6.01/unit</u>
X5647 Private Duty R.N. (for vent dependent recipient)	\$6.18/unit	\$6.37/unit	\$6.69/unit	\$6.89/unit	\$7.17/unit	\$7.60/unit	<u>\$7.60/unit</u>

NOTE: 1 unit = 15 minutes

**Shared care:** For two recipients sharing care, payment is one and one-half times the payment for serving one recipient who is not ventilator dependent. This paragraph applies only to situations in which both recipients are present and received shared care on the date for which the service is billed.